



# ANIMAL MEDICAL CENTER OF PLAINFIELD

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## Abdominal Ultrasound check-in Form

- ✓ Contact name and phone # while patient is in our care:
  - ✕ Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- ✓ If your pet is a referral patient, what Veterinarian are we sending results to?
  - ✕ \_\_\_\_\_
- ✓ Time and date of last meal or treats: at \_\_\_\_\_ am / pm on \_\_\_\_\_
- ✓ To obtain the best images possible, some patients may require sedation.
  - I authorize my pet to be sedated if needed. (Additional cost, estimate provided)
  - ✕ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In a case of a cardiac event and CPR (Cardiopulmonary resuscitation) is needed, please select one of the following by initialing:

\_\_\_\_\_ CPR (added cost +/- \$900)

\_\_\_\_\_ DNR (No resuscitation efforts)

## Ultrasound Exam Details

- Exams can take 1-2 hours. You will be called when your pet is ready to be picked up.
- Most exams are back from the radiologist in 2-4 business days.
- For STAT results (same day results), there is an additional fee of \$115.
  - Would you like the exam submitted Normal or STAT? (circle one)
- Your pet's abdomen (belly) will be shaved for this procedure. Please initial that you are aware of this: \_\_\_\_\_

### Technician Notes:

Weight \_\_\_\_\_ # T P R CRT MM

Meds given: \_\_\_\_\_

Charges invoiced: \_\_\_\_\_ Owner called by: \_\_\_\_\_ @ \_\_\_\_\_ am/pm